



PATENT  
NP4053

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/575,307  
Applicants : Brovelli, et al.  
Filed : May 19, 2000  
Art Unit : 1645

For: ECHINACEA INDUCTION OF PHASE II ENZYMES

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
PO Box 1450  
Arlington VA 20233-1450

Dear Sir:

In compliance with Applicant's duty of disclosure under 37 C.F.R. §1.56 and in conformance with 37 C.F.R. §1.97-§1.99, Applicants hereby submit additional references for consideration by the Examiner. Copies of each have been enclosed along with a completed copy of Form PTO-1449. Please charge our deposit account No. 01-1793 in the amount of \$180.00 and credit any overpayments for filing this Supplemental Information Disclosure Statement.

It is believed that none of the references, alone or in combination, disclose or suggest the invention claimed. It is Applicants desire, however, to have these references available in the record for both the Examiner and the public to see. Applicants, therefore, request that the Examiner review the entire disclosure of the above discussed reference and other information and make the above-described references and other information of record.

Dated: March 1, 2004

Respectfully submitted,

Amy I. Allen, Reg. No. 44,498  
Amway Corporation  
7575 Fulton Street East  
Ada, Michigan 49355  
(616) 787-8208

03/05/2004 BABRAHA1 00000053 011793 09575307  
01 FC:1806 180.00 DA





Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>	<b>Complete if Known</b>	
	Application Number	09/575,307
	Filing Date	May 19, 2000
	First Named Inventor	Brovelli, et al
	Examiner Name	Michael V. Meller
	Art Unit	1654
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> <b>\$180.00</b>		
Attorney Docket No. NP4053		

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																											
<input checked="" type="checkbox"/> Deposit Account:		<b>Large Entity</b> <b>Small Entity</b>																																											
Deposit Account Number: 01-1793		Fee Code   Fee (\$)																																											
Deposit Account Name: Alticor Inc.		Fee Code   Fee (\$)																																											
The Director is authorized to: (check all that apply)		Fee Description																																											
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid																																											
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																													
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																													
<b>FEE CALCULATION</b>																																													
<b>1. BASIC FILING FEE</b>																																													
<table border="1"><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><td></td><td></td><td>1001</td><td>770</td><td>2001 385 Utility filing fee</td><td></td></tr><tr><td></td><td></td><td>1002</td><td>340</td><td>2002 170 Design filing fee</td><td></td></tr><tr><td></td><td></td><td>1003</td><td>530</td><td>2003 265 Plant filing fee</td><td></td></tr><tr><td></td><td></td><td>1004</td><td>770</td><td>2004 385 Reissue filing fee</td><td></td></tr><tr><td></td><td></td><td>1005</td><td>160</td><td>2005 80 Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1001	770	2001 385 Utility filing fee				1002	340	2002 170 Design filing fee				1003	530	2003 265 Plant filing fee				1004	770	2004 385 Reissue filing fee				1005	160	2005 80 Provisional filing fee		SUBTOTAL (1)					(\$)		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
		1001	770	2001 385 Utility filing fee																																									
		1002	340	2002 170 Design filing fee																																									
		1003	530	2003 265 Plant filing fee																																									
		1004	770	2004 385 Reissue filing fee																																									
		1005	160	2005 80 Provisional filing fee																																									
SUBTOTAL (1)					(\$)																																								
<b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>																																													
<table border="1"><tr><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr><tr><td>Total Claims -20** = 0</td><td>X</td><td>0.00</td></tr><tr><td>Independent Claims -3** = 0</td><td>X</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td></tr></table>		Extra Claims	Fee from below	Fee Paid	Total Claims -20** = 0	X	0.00	Independent Claims -3** = 0	X	0.00	Multiple Dependent																																		
Extra Claims	Fee from below	Fee Paid																																											
Total Claims -20** = 0	X	0.00																																											
Independent Claims -3** = 0	X	0.00																																											
Multiple Dependent																																													
<table border="1"><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><td></td><td></td><td>1202</td><td>18</td><td>2202 9 Claims in excess of 20</td><td></td></tr><tr><td></td><td></td><td>1201</td><td>86</td><td>2201 43 Independent claims in excess of 3</td><td></td></tr><tr><td></td><td></td><td>1203</td><td>290</td><td>2203 145 Multiple dependent claim, if not paid</td><td></td></tr><tr><td></td><td></td><td>1204</td><td>86</td><td>2204 43 ** Reissue independent claims over original patent</td><td></td></tr><tr><td></td><td></td><td>1205</td><td>18</td><td>2205 9 ** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$) \$0.00</td></tr></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1202	18	2202 9 Claims in excess of 20				1201	86	2201 43 Independent claims in excess of 3				1203	290	2203 145 Multiple dependent claim, if not paid				1204	86	2204 43 ** Reissue independent claims over original patent				1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) \$0.00		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
		1202	18	2202 9 Claims in excess of 20																																									
		1201	86	2201 43 Independent claims in excess of 3																																									
		1203	290	2203 145 Multiple dependent claim, if not paid																																									
		1204	86	2204 43 ** Reissue independent claims over original patent																																									
		1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2)					(\$) \$0.00																																								
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid																																											
		<b>SUBTOTAL (3) (\$)</b> <b>\$180.00</b>																																											

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Amy L. Ahn	Registration No. (Attorney/Agent)	44,498
Signature		Telephone	616-787-8208
		Date	March 1, 2004

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.